

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

09/988899

FILING DATE

APPLICANT(S)

6-22-05 3-31-06

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.	2		2			
TOTAL DEP.	5		8			
TOTAL CLAIMS	7		10			

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